

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR PLACEMENT ORDER OF SURRENDERED NEWBORN CHILD	CASE NO.
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In the matter of _____, a surrendered newborn child
Full name of child

1. I am an employee of _____, a child placing agency that assumed
Name of agency
 temporary protective custody of the above named newborn child on _____.
Date

2. The newborn child is believed to have been born on _____ at _____
Date of birth Location of birth
 _____.

3. Mother of newborn is: _____ Date of birth: _____
Name

Street address, city, state, zip and county

Father of newborn is: _____ Date of birth: _____
Name

Street address, city, state, zip and county

4. On _____ petitioner temporarily placed the newborn with prospective adoptive parent(s),
Date

_____ residing at _____
Name(s) Address

within this county. Their preplacement assessment has been approved by the agency.

5. ☐ a. The emergency service provider gave information (as required by MCL 712.3) to the parent surrendering the newborn.

The information was ☐ written (attached). ☐ verbal and is as follows: _____

☐ b. The parent surrendering the newborn gave the emergency service provider information. The information was

☐ written (attached). ☐ verbal and is as follows: _____

c. Neither the emergency service provider or the parent surrendering the newborn exchanged written or verbal information
 because: _____

(SEE OTHER SIDE)

Do not write below this line - For court use only

I REQUEST the court to authorize the:

- 6. Placement of the child with the prospective adoptive parent(s).
- 7. Child placing agency and prospective adoptive parent(s) to provide care for the newborn.
- 8. Prospective adoptive parent(s) to consent to all medical, surgical, dental, optical, psychological, educational, and related services while having custody of the newborn.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

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Attorney signature		Date	
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Attorney name (type or print)		Signature of petitioner	
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Bar no.		Name (type or print)	
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Address		Address	
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City, state, zip		City, state, zip	
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Telephone no.		Telephone no.	